

SERFF Tracking Number: MANU-125959949 State: Arkansas  
 Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 41328  
 Company Tracking Number: NB5007US (01/2009)(M) COVERAGE DETAILS - UNIVERSAL LIFE  
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
 Product Name: NB5007US (01/2009)(M)  
 Project Name/Number: NB5007US (01/2009)(M)/ NB5007US (01/2009)(M) Coverage Details - Universal Life

## Filing at a Glance

Company: John Hancock Life Insurance Company (U.S.A.)  
 Product Name: NB5007US (01/2009)(M) SERFF Tr Num: MANU-125959949 State: ArkansasLH  
 TOI: L08 Life - Other SERFF Status: Closed State Tr Num: 41328  
 Sub-TOI: L08.000 Life - Other Co Tr Num: NB5007US State Status: Approved-Closed  
 (01/2009)(M) COVERAGE  
 DETAILS - UNIVERSAL LIFE  
 Filing Type: Form Co Status: Reviewer(s): Linda Bird  
 Authors: Helene Landow, Karren Disposition Date: 01/15/2009  
 Phair, Debbie Tom, Jacqueline Lau,  
 Jacqueline Back  
 Date Submitted: 01/13/2009 Disposition Status: Approved  
 Implementation Date Requested: Implementation Date:  
 State Filing Description:

## General Information

Project Name: NB5007US (01/2009)(M) Status of Filing in Domicile: Authorized  
 Project Number: NB5007US (01/2009)(M) Coverage Details - UniversalLife Date Approved in Domicile:  
 Life  
 Requested Filing Mode: Review & Approval Domicile Status Comments: Exempt in  
 Michigan  
 Explanation for Combination/Other: Market Type: Individual  
 Submission Type: New Submission Group Market Size:  
 Overall Rate Impact: Group Market Type:  
 Filing Status Changed: 01/15/2009  
 State Status Changed: 01/15/2009 Deemer Date:  
 Corresponding Filing Tracking Number:  
 Filing Description:  
 INDIVIDUAL LIFE  
 NB5007US (01/2009)(M), Coverage Details – Universal Life

<i>SERFF Tracking Number:</i>	<i>MANU-125959949</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>John Hancock Life Insurance Company (U.S.A.)</i>	<i>State Tracking Number:</i>	<i>41328</i>
<i>Company Tracking Number:</i>	<i>NB5007US (01/2009)(M) COVERAGE DETAILS - UNIVERSAL LIFE</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>NB5007US (01/2009)(M)</i>		
<i>Project Name/Number:</i>	<i>NB5007US (01/2009)(M)/ NB5007US (01/2009)(M) Coverage Details - Universal Life</i>		

We are submitting the above new supplemental application form for your approval. This new form does not replace any currently approved forms. The form will be used with state approved life applications and universal life policies (single and survivorship) sold through an exclusive distribution company. No part of this filing contains any unusual or controversial items that deviate from normal company or industry standards.

NB5007US (01/2009)(M), Coverage Details – Universal Life, is used to obtain coverage details, including selection of available product/plan, benefits and options available under a proprietary plan. The form will be available electronically to print locally without change in the pre-formatted content.

The Service Office address and Coverage Selection are being filed as variable information [shown in brackets] to accommodate future changes.

Enclosures: Statement of Variability  
 Filing Fee (EFT)  
 Flesch Score Certificate

## Company and Contact

### Filing Contact Information

Jacqueline Lau, Contract Analyst	Jacqueline_Lau@jhancock.com
200 Bloor St E	(416) 852-7906 [Phone]
Toronto, ON M4W 1E5	(416) 926-3121[FAX]

### Filing Company Information

John Hancock Life Insurance Company (U.S.A.)	CoCode: 65838	State of Domicile: Michigan
P. O. Box 600	Group Code: 904	Company Type: insurance/financial
Contracts and Compliance		
Buffalo, NY 14201-0600	Group Name:	State ID Number:
(416) 926-3000 ext. [Phone]	FEIN Number: 01-0233346	
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## Filing Fees

*SERFF Tracking Number:* MANU-125959949      *State:* Arkansas  
*Filing Company:* John Hancock Life Insurance Company (U.S.A.)    *State Tracking Number:* 41328  
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Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
John Hancock Life Insurance Company (U.S.A.)	\$50.00	01/13/2009	24995169

SERFF Tracking Number: MANU-125959949 State: Arkansas  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	01/15/2009	01/15/2009

*SERFF Tracking Number:*      *MANU-125959949*      *State:*      *Arkansas*  
*Filing Company:*      *John Hancock Life Insurance Company (U.S.A.)*      *State Tracking Number:*      *41328*  
*Company Tracking Number:*      *NB5007US (01/2009)(M) COVERAGE DETAILS - UNIVERSAL LIFE*  
*TOI:*      *L08 Life - Other*      *Sub-TOI:*      *L08.000 Life - Other*  
*Product Name:*      *NB5007US (01/2009)(M)*  
*Project Name/Number:*      *NB5007US (01/2009)(M)/ NB5007US (01/2009)(M) Coverage Details - Universal Life*

## **Disposition**

Disposition Date: 01/15/2009

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MANU-125959949 State: Arkansas

Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 41328

Company Tracking Number: NB5007US (01/2009)(M) COVERAGE DETAILS - UNIVERSAL LIFE

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		No
Supporting Document	Application		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Flesch Score Certificate		Yes
Form	Coverage Details - Universal Life		Yes

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## Form Schedule

### Lead Form Number:

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	NB5007US (01/2009)(M)	Application/ Coverage Details - Enrollment Universal Life Form	Initial		47	NB5007US_M.pdf



Service Office:  
M Life New Business  
197 Clarendon Street  
Boston MA 02116-5010

**Coverage Details – Universal Life**  
**John Hancock Life Insurance Company (U.S.A.)**  
(hereinafter referred to as The Company)

This form is part of the Application for Life Insurance for the Proposed Life Insured(s).  
Print and use black ink. Any changes must be initialed by the Proposed Life Insured(s) and/or Owner.

**PROPOSED LIFE INSURED(S)**

**LIFE ONE**

1. Name **JOHN** **M.** **DOE**  
First Middle Last

**LIFE TWO**

2. Name \_\_\_\_\_  
First Middle Last

**PREMIUMS**

3. Frequency: ☒ Annual ☐ Semi-Annual ☐ Quarterly ☐ List Billed  
☐ Pre-Authorized Payment Plan (Please complete either Pre-Authorized Payment Plan Section of the **Application for Life Insurance, NB5000** or **Request for Pre-Authorized Payment Plan, NB5087**)  
☐ Other \_\_\_\_\_

**PREMIUM NOTICES AND CORRESPONDENCE**

4. Send Premium Notices to: (Select One)  
☒ Owner ☐ Proposed Life Insured One ☐ Proposed Life Insured Two  
☐ Other \_\_\_\_\_  
Name \_\_\_\_\_

Street No. & Name, Apt. No., City, State, Zip Code \_\_\_\_\_

5. Send Correspondence to: (Select One)  
☒ Same as Above  
☐ Other \_\_\_\_\_  
Name \_\_\_\_\_

Street No. & Name, Apt. No., City, State, Zip Code \_\_\_\_\_

**PREMIUM SCHEDULE**

**Complete for  
all Coverage.**

6. Planned Premium (Check one option below)  
a) ☐ \$ \_\_\_\_\_ annually for \_\_\_\_\_ years  
☐ Annual Increase of \_\_\_\_\_ %  
☐ Additional first year planned premium \$ \_\_\_\_\_  
b) ☐ Customized Schedule - List by policy years

**If additional  
space is  
required,  
complete and  
attach form  
NB5064.**

Policy Year(s)	Planned Premium Amount	
To	\$	(1)
To	\$	(2)
To	\$	(3)
To	\$	(4)
To	\$	(5)

Policy Year(s)	Planned Premium Amount	
To	\$	(6)
To	\$	(7)
To	\$	(8)
To	\$	(9)
To	\$	(10)

**ADDITIONAL INFORMATION**

7. If an additional or optional policy is being applied for in a separate application, state plan and amount:

\_\_\_\_\_ \$ \_\_\_\_\_  
Plan Name

8. Do you understand that you may need to pay premiums in addition to Planned Premium if the current policy charges or actual interest credited are different from the assumptions used in your illustration (assuming the requirements of any applicable guaranteed death benefit feature have not been satisfied)? ☒ Yes ☐ No

## LIFE INSURANCE QUALIFICATION TEST AND DEATH BENEFIT OPTION

9. Select One: ☒ Guideline Premium ☐ Cash Value Accumulation

Note: Elected test cannot be changed after the policy is issued. You may request an illustration on both tests before making your election.

10. Death Benefit Option: ☒ Option 1 (Face Amount/TFA) ☐ Option 2 (Face Amount/TFA plus Policy Value)

## COVERAGE SELECTION

Choose  
one product  
from Coverage  
Selection  
section.

### UNIVERSAL LIFE – SINGLE LIFE

☐ **MAJESTIC PERFORMANCE UL – Total Face Amount \$** \_\_\_\_\_

11. Base Face Amount (if less than Total Face Amount) \$ \_\_\_\_\_

12. ☐ Supplemental Face Amount (SFA) (check only one, if desired)

☐ Level SFA of \$ \_\_\_\_\_ for the life of the policy

☐ Initial SFA of \$ \_\_\_\_\_ for the life of the policy

Increasing by: \_\_\_\_\_ % or \$ \_\_\_\_\_ per year for \_\_\_\_\_ policy years (level thereafter)

☐ Customized Increasing Schedule - Please complete question 17 CUSTOMIZED LEVEL OR INCREASING SCHEDULE.

13. Additional Benefits:

☐ Enhanced Surrender Value Rider

☐ Return of Premium Death Benefit Rider (with DB Option 1 only)

Increase rate ☐ Yes \_\_\_\_\_ % ☐ No

Percentage of Premiums to be returned at death (Whole numbers only. Maximum 100%) \_\_\_\_\_ %

☐ LifeCare Benefit Rider (Please complete **LifeCare Benefit Rider, NB5018**)

☐ LifeCare Benefit Max (LMAX) Extension Rider

☐ Accelerated Death Benefit (For terminal illness)

☐ Other \_\_\_\_\_

### UNIVERSAL LIFE – SURVIVORSHIP

☐ **MAJESTIC SURVIVORSHIP ULX – Total Face Amount \$** \_\_\_\_\_

14. Base Face Amount (if less than Total Face Amount) \$ \_\_\_\_\_

15. ☐ Supplemental Face Amount (SFA) (check only one, if desired)

☐ Level SFA of \$ \_\_\_\_\_ for the life of the policy

☐ Initial SFA of \$ \_\_\_\_\_ for the life of the policy

Increasing by: \_\_\_\_\_ % or \$ \_\_\_\_\_ per year for \_\_\_\_\_ policy years (level thereafter)

☐ Customized Increasing Schedule - Please complete question 17 CUSTOMIZED LEVEL OR INCREASING SCHEDULE.

16. Additional Benefits:

☐ Deferred Protection Option Rider (with DB Option 1 only)

Deferred Protection Commencement Age \_\_\_\_\_

☐ Return of Premium Death Benefit Rider (with DB Option 1 only)

Increase rate ☐ Yes \_\_\_\_\_ % ☐ No

Percentage of Premiums to be returned at death (Whole numbers only. Maximum 100%) \_\_\_\_\_ %

☐ Enhanced Cash Value Rider (Not available with GPT)

☐ Policy Split option

☐ Four Year Term (EPR)

☐ Overloan Protection Rider

☐ Other \_\_\_\_\_

17. ☐ **CUSTOMIZED LEVEL OR INCREASING SCHEDULE**

List by policy year or years. SFA decreases cannot be scheduled at issue.

If additional  
space is  
required,  
complete and  
attach form  
NB5064.

Policy Year(s)	SFA Amount	
To	\$	(1)
To	\$	(2)
To	\$	(3)
To	\$	(4)
To	\$	(5)
To	\$	(6)
To	\$	(7)
To	\$	(8)
To	\$	(9)
To	\$	(10)
To	\$	(11)
To	\$	(12)
To	\$	(13)
To	\$	(14)
To	\$	(15)

Policy Year(s)	SFA Amount	
To	\$	(16)
To	\$	(17)
To	\$	(18)
To	\$	(19)
To	\$	(20)
To	\$	(21)
To	\$	(22)
To	\$	(23)
To	\$	(24)
To	\$	(25)
To	\$	(26)
To	\$	(27)
To	\$	(28)
To	\$	(29)
To	\$	(30)

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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Review Status:**

**Satisfied -Name:** Statement of Variability 01/13/2009  
**Comments:**  
**Attachment:**  
SOV - NB5007US 01-2009 M.pdf

**Review Status:**

**Satisfied -Name:** Flesch Score Certificate 01/13/2009  
**Comments:**  
**Attachment:**  
AR flesch.pdf

**JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)**

**STATEMENT OF VARIABILITY**

**January 13, 2009**

**NB5007US (01/2009)(M), COVERAGE DETAILS – UNIVERSAL LIFE**

<b>Section/Section #</b>	<b>Page Number</b>	<b>Description</b>
Service Office at top of page	Page 1	The address of the Company's Service Office is [bracketed] as it may be changed in the future. A current Service Office address will always appear on the form.
Coverage Selection #11 to 17	Page 2	The Coverage Selection section is [bracketed] to accommodate future changes. Plan/Product name, Total Face Amount, Base Face Amount, Supplemental Face Amount, Additional Benefits and Customized Schedule, all vary based on issue specifications/availability at time of application. Current selections will always appear on the form.

**JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)**

**CERTIFICATE OF COMPLIANCE**

**FOR THE STATE OF ARKANSAS**

I, Helene Landow, an officer of JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.), hereby certify that the forms listed below has the following readability scores as calculated by the Flesch Reading Ease Test, and that these forms meets the requirements of your readability legislation.

**FORM NUMBER**

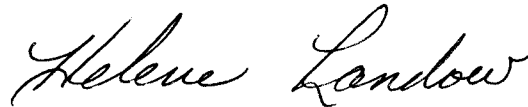
**READABILITY SCORE**

NB5007US (01/2009)(M)

47

January 13, 2009

Date

A handwritten signature in cursive script that reads "Helene Landow". The signature is written in black ink and is positioned above a horizontal line.

Helene Landow, FLMI, ACP  
Director, Contracts and Compliance